

# Foster Family Home - Corrective Action Report

Provider ID: 1-170036

Home Name: Alma Sibayan, CNA

Review ID: 1-170036-4

91-719 Ihipehu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/16/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No delegations / skills check list for any of the current SCG's have been done for client # 1 since placed in the home 8/06/19 and for client # 2 since admission on 08/01/19

Jackie Chamberlain  
Compliance Manager

12/16/19  
Date

[Signature]  
Primary Care Giver

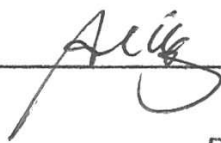
12/16/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Alma Sibayan

CCFFH Address: 91-719 Ihipehu Street Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(c) 3	<p>Lapse in delegations for substitute caregivers client # 1 and # 2 cannot be corrected</p> <p>Case management agency visited home on 12/17/19 and completed delegations for all current substitute caregivers</p>	12/17/19	Primary caregiver will request delegations from case management agency with each new skill or client

Primary Caregiver's Signature: 

Print Name: Alma Sibayan

Date of Signature: 12/17/19